

**Hamilton County Community Corrections
18104 Cumberland Road
Noblesville, Indiana 46060
(317) 776-9760
FAX (317) 776-9764**

PRETRIAL RELEASE CONTRACT

NAME: _____ CAUSE #: 29 _____

BEGINNING DATE: _____ LEVEL OF SUPERVISION: _____

CHARGE: _____ (Circle) FEL or MISD CLASS: _____

**THE RULES AND REGULATIONS OF THE HAMILTON COUNTY PRETRIAL
RELEASE PROGRAM ARE ATTACHED AND ARE SPECIFICALLY MADE A PART
OF THIS CONTRACT**

1. I understand that the Court has determined that I am an appropriate person to be released on my own recognizance pending the resolution of the above case on the condition that I participate in the Hamilton County Community Correction Pretrial Release Program (pretrial release program), and follow all of its rules and regulations in addition to any special conditions imposed on my release by the Court.

2. I understand that I am not required to participate in this program, and that I have the right to post the bond already set in my case and be released without participating in the pretrial release program.

3. I want to participate in the pretrial release program.

4. I can read and write the English language, and I have read and signed this contract and the attached Contract Rules and Regulations of the pretrial release program. I have been given an opportunity to ask any questions I might have, and I do not have any. I understand all the contract rules and regulations of the pretrial release program and I agree to abide by them.

AND/OR

This contract and the attached Rules and Regulations have been read and explained to me. I have been given an opportunity to ask any questions I might have, and I do not have any. I understand all the contract rules and regulations of the pretrial release program and I agree to abide by them.

5. The Court has ordered, and I agree, that while I am on the pretrial release program, I will be supervised at the level marked below:

_____ Level 1: I shall call in to the Hamilton County Community Corrections Office as scheduled by the pretrial release program.

_____ Level 2: I shall personally appear at the Hamilton County Community Office as scheduled by the pretrial release program.

_____ Level 3: I shall be supervised using electronic monitoring equipment. I must come within range of the equipment at least once every 24 hours and shall obey all other rules relating to electronic monitoring. I understand that after 90 days I may request the Court in writing that I be placed in a lower level of supervision.

6. The Court has imposed the following additional special rules and conditions on my release, and I agree to abide by all of these: _____

_____.

7. I understand and agree that I will be charged _____ per day while under the above supervision of the pretrial release program. I agree to pay this amount, and I further agree that failure to pay will be grounds for my termination from the program and/or for a civil lawsuit to be filed. I agree to pay all costs of collection including reasonable attorney fees.

Program Participant

Date

Community Corrections Staff

Date